



1600 – 9<sup>th</sup> Street  
Sacramento, CA 95814  
(916) 654-5585

## Evaluation of San Luis Obispo County MHSOAC Three Year Expenditure Plan

CSS Committee members: Tricia Wynne, Peggy Collins, Kay Tucker, Fred Martin

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A few preliminary comments: Overall, we were impressed with the planning process. The County heard from 2400 community members; 1000 people with mental illness or family members participated in the public planning process. The County heard that there is a great need for full service partnerships and it embraced the “whatever it takes” model. It also plans to expand its Children’s System of Care program for children and their families. The county decided to establish full service partnerships for every age group that align with the goals of the Mental Health Services Act. There were clear indications of collaboration throughout the process and throughout the plan.

The County spent time to identify the community needs and made efforts to address them. Additionally, the County proposed several innovative programs that show great promise. Finally, the plan addressed the need to do far greater outreach than they have done in the past.

**Consumer and Family Involvement:** The committee agreed that San Luis Obispo worked hard to bring lots of community voices into their planning process. There were efforts made to bring in consumer and family voices into the process. The County used surveys in their planning process and it was unclear what these surveys looked like and if they were meaningful. The committee did not have enough information to evaluate the effectiveness of surveys. The Committee would like to see a fuller discussion in the next planning cycle.

The OAC believes that in a transformed mental health system, services will be client driven and family involved. Here, the county articulated the involvement of clients and families, but there was not a lot of evidence of consumers and families driving this change. First steps are being taken. In this plan, there is a clear commitment to hire many consumers and families throughout each work plan.

**Wellness/Recovery/Resilience:** The County plan describes in broad themes the necessary components for system transformation and but did not present the detailed analysis that really reflected the need for dramatic change in the delivery of mental health services. The plan reflects that transformation in this County will take more work than in other counties who have already begun to deliver mental health services in a more

strategic way. The attention given throughout the plan to the unserved and underserved did indicate that the County needs to do better.

**Education and Training and Workforce Development:** The San Luis Obispo plan did discuss the partnerships that it is creating with Cuesta Community College and Cal Poly, in order to recruit a more diverse and better-trained workforce as the MHSA is implemented. Beyond that, it discussed a number of training opportunities that it is offering its employees. Beyond that, this County needs to show more of a willingness to *work with* diverse populations. Finally, the committee believes that law enforcement should receive the same trainings that mental health providers receive.

There should be plans for training on cultural competency, beyond linguistics. This is an investment in the community and an investment in county providers of services. In order to be effective, decision makers and staff must understand unique mental health needs and services and provide such programs.

The committee notes that comprehensive “retraining” of existing staff to insure a transformational outlook, focused on recovery and wellness is an essential piece of any successful plan. Counties should be investing in retraining their workforces; the State should be helping with this training program. The budget for training should be considered throughout the plan.

**Collaboration:** San Luis Obispo does not have a history of inclusion, and in this plan, the county stretched to hear other voices. Still, it has a lot of work to do to get beyond business as usual. There are relationships that need to be developed with community-based organizations. This will add to an enriched, consumer-driven system.

The committee had two concerns on the issue of collaboration. First, as discussed above, the County did not address any minority group beyond the large Latino population. There must be efforts made to engage all groups into this process. There was also concern that the Native American, African American, and Asian populations were not as involved as they should be.

**The OAC has a concern that in this plan, the County relies too much on existing relationships and should be increasing its efforts to create new relationships. Additionally, the County should expand its knowledge base regarding cultural competency issues especially in the LGBTQ communities.**

**Plan #1 Full Service Partnership for Youth:** This plan would expand on the current Children’s System of Care program and provide services to an additional 10 participants and their families using the values and principles of best practices. Clearly, this program will serve children well. There was a good discussion of expected outcomes.

The committee had concerns that the budgets did not leverage other county funding streams. There was no mention of working with the First Five Commission. Additionally, there needs to be more emphasis on cultural competency. It is not just linguistics. Finally, the plan did not articulate the need to bring out of county placements home. The committee hopes that the County will address these deficiencies in the next planning cycle.

**Plan #2 Full Service Partnership for TAY:** This program will provide a full range of community-based services to 16 – 21 year olds. The services will focus specifically on SED and young adults with a chronic history of 5150 hospitalization, law enforcement involvement, dual-diagnoses, and/or foster youth with multiple placements. The plan includes a discussion on the need for collaboration of community stakeholders. There was a good staffing ratio discussed—two teams of 10 consumers.

The County is commended for addressing the need for supportive housing. Housing is a key component of any full service partnership; this proposal is a good first start for TAY.

Once again, the committee was concerned that there was not a good discussion of cultural competency and disparities. There was however, a very good discussion of vocational opportunities.

**Plan #3 Full Service Partnership for Adults:** A full service partnership will be created to provide for specialized teams to serve unserved and underserved adults from IMD placements or incarceration. The adult FSP will also serve those who are 18 – 60 years of age with serious mental illness who are at risk of institutionalization because the mental health needs have not be met.

As part of this program for adults, the County has made housing an integral part of the services provided.

The Committee believes that law enforcement is a first responder in so many cases. Law enforcement should be a stronger, more engaged partner in every aspect of the adult program.

**Plan #4 Full Service Partnership for Older Adults:** The committee was pleased to see that the County was stretching to provide full service partnerships for their older adults, but felt that there should be greater collaboration with community groups to determine where those unserved individuals are.

**Plan #5 System Development:** This work-plan would provide a variety of services designed to facilitate and support wellness, recovery and resiliency. Consumers and family members could access services through a coordinated and integrated service delivery model. These important and necessary services include: housing, vocational training, client and family-run support, etc. The details on vocational training and supportive employment were vague. Additionally, the committee was concerned that there was no mention of partnering with a regional center. The county believes that it will find 35 jobs per year for this population.

**Plan #6 Latino Outreach and Services:** This work-plan would provide outreach to SED and SMI populations in the unserved and underserved Latino communities, particularly in pockets of poverty. The committee noted that there must be more attention paid to and training of staff on cultural competency, not just language access. There appears to be good collaboration with partners. The discussion on cultural competency is really lacking here—especially the discussion on LGBTQ populations, who get referred to other

agencies. The committee hopes that the County will do a better job on this section next year.

**Plan #7 Mobile Crisis Response:** In this plan, the County heard the community desire to have a better crisis response team. By expanding the crisis response team, responders will be able to spend more time with the clients and their families. The voluntary nature of this program will result in better alternatives. The Aftercare Specialist will provide for better follow up care. The committee would have liked more discussion of the linkages to services in the county. The county is to be commended for focusing on training for law enforcement.

**Plan #8 Mentally Ill Probationers' Services:** This successful voluntary intensive treatment and case management program for adults who are serious and persistently mentally ill, on probation and have been court ordered to obtain mental health services will be expanded to double its capacity. Good collaboration with probation.

**Plan #9 Chalk Mountain Community School:** A new program to serve the unserved SED at Chalk Mountain Community School will address an unmet community need. A therapist will maintain a caseload of 20 to 25 students. The staff will partner with the family in the development of family-centered, needs driven, strength-based, solution focused services and support planning. There was concern expressed that this program not supplant other programs that would be providing services to these young people.

**Plan #10 Outreach and Education Campaign:** The County will design and implement a comprehensive countywide community education and outreach campaign to increase awareness and understanding of mental illness and address stigmas.

## **CONCLUSION**

Question: The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.